

City of Blanding



BLANDING CITY

50 West 100 South Blanding, UT 84511
(435) 678-2791/Fax (435) 678-3312/Email cityoffice@blanding-ut.gov

EQUAL PAY REQUEST

Date: __/__/__

Customer: _____

Service Address: _____

Customer Number: _____

Qualifications:

____ I own my residence.

____ I have maintained an active Blanding City Utility Account for a full 12 months prior to request.

____ During those 12 months I have had no missed or late payments.

I, the above named customer, meet the qualifications and request the convenience of equal monthly payments for Blanding City Utilities. I understand that billings are still calculated and assessed monthly based on usage and services provided. The equal payment option is simply the opportunity to pay off those billings at an average monthly rate.

Equal payment rates will be calculated each May, or as the City deems necessary. Any credit balances or unpaid balances due to rate increases or increased usage will be included in the calculation.

The "Equal Pay" payment amount is due on or before the due date each month. If for any reason a payment is late or is missed my enrollment in "Equal Pay" may be terminated and any unpaid balances due in full within 30 days.

In the event that I choose not to participate in the "Equal Pay" option, I will notify the City in writing and any unpaid balance will be due within 30 days. Credit balances will be only returned

Customer Signature

FOR CITY USE

Qualifications Verified: _____

Beginning "Equal Pay" Amount \$ _____ Calculated on: _____

Notes: